Entered - 01/19/01 - sb CL01L0039 - DIANNE C. MITCHELL

CLAIM OF: DORIS MOSLEY

349 Hopkins Street, SW Atlanta, Georgia 30310

For damages alleged to have been sustained as a result of vehicular damage by a sand spreader on December 22, 2000 on Northside Drive.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0037</u>	Date:
Claimant /Victim DORIS MOSLEY	
BY: (Atty)(Ins. Co.)	
BY: (Atty)(Ins. Co.) Address: 349 Hopkins Street, SV	V, Atlanta, Georgia 30310
Subrogation: Claim for Property dam	age \$ 1.292.00 Bodily Injury \$
Date of Notice: 01/16/00 Meth	od: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5	X Ante Litem (6 Mo.) X Place: Northside Drive
Date of Occurrence 12/22/00	Place: Northside Drive
Department	Division:
Employee involved	_ Division: Disciplinary Action:
NATURE OF CLAIM: The claimant alleges	that her vehicle was damaged when it was sprayed by sand from a
DOT sand spreader. The claimant has been ad	vised to pursue her claim directly with the Georgia Department of
Transportation.	
INVESTIGATION:	
	4 04 77.4
Pictures Diagrams Paragrams	tOthersWrittenOral
Traffic sitations issued. City Driver	s: Police Dept Report Other Claimant Driver
Citation dispositions City Driver	Claimant Driver
Chanon disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental	Ministerial Damages reasonable er rejected Compromise settlement
Improper Notice More than Six Mo	nths Other Damages reasonable
City not involved X Off	er rejected Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Neglige	ntJointClaim Abandoned
	Respectfully submitted,
	Mundbedler
!	//-
	INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION:	
Pay \$ Adverse X	2/ }
Pay \$ Adverse X Claims Manager:	Account charged: 1A01 2J01 2H01 2H01
Committee Action	Concur/date 0/-25-01
Committee Action/	Council Action
FORM 23-61	

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RE: CLAIM FOR DAMAGES

CONTROL

RESERVED

RESER Today's Date:

COUNCIL OF	THE CITY OF ATLANTA
MUNICIPAL C	CLERK
City Hall	
55 Trinity Aven	ue, S.W.

	loday's Date.
MUNICIPAL CLERK City Hall	
55 Trinity Avenue, S.W.	
Atlanta, Georgia 30335	
Atlanta, Coop	ENTERED - 1-18-01 - SB
Dear Municipal Clerk:	01L0037 - DIANNE MITCHELL property
Dear Manne-ber	as a demages in the amount sum of 3
This is to notify the City	of Atlanta that I have suffered damages in the amount sum of S 1282 Sr 1400 property bodily injury for which I contend the City is liable.
Inis is to notify the	bodily injury for which I contend and only
and/or \$	12-22-00 2. Time of Incident: 7:30a H3. Police called: Yes No
	10) 13:00
1. Date of incident:	(month/day/ year)
	Marihaide DR
· · · - · · · · · · · · · · · · · · · ·	(including street address): NOBY SIDE DR. (including street address): NOBY INSUMPROLICY No. 361659164-0
4. Location of illedent	(including street address):
5. Name of your insura	nce company: TOUYESSILO INC.
6. State what and how	initiant occurred:
6. State what and now	incident occurred. I OT Sand Truck was spraying
Lisher	Vice Die 1 Sand 1 1 1 20 1 1 1 20 1 1 1 1 20 1 1 1 1 1
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annid	on the street the such starting
70180	This like Daint off of my class.
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(101 (411)	CHARGE TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL
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7. ALL ESTIMATE	R CLAIM BEING DENIED AND MAY RESULT IN CRAIM
RESULT IN TOO	ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and ner must make the claim for vehicle damages.
1d o.w	ner must make the claim for vehicle damages, complete and to the same and the same
8. The registered on	ner must make the claim for vehicle dataset, or title). of your vehicle (copy of the current tag receipt or title).
PLOUT UT UMILET STITE	
proof of our	
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Your vehicle:	(Car) (Tag Number) (Driver's Name)
7 7	(Make) (Year) (Tag Number) (Driver's Name)
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(Work Number)